

Docket No.: NC36563

Harrington & Smith, LLP Docket No.: 875.0124.U1(US)

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter, which is claimed and for which a patent is sought on the invention entitled:

Method And Apparatus Providing Integrated Load Matching Using Adaptive Power Amplifier Compensation

	rimpin	ici Compensation
the specificat	ion of which:	
(check one)	is attached hereto.	
	was filed on August 2 and was amended on	29, 2003 as U.S. Application Serial No. 10/651,910, (if applicable).
I hereby stat specification,	e that I have reviewed ar including the claims, as am	nd understand the contents of the above-identified ended by any amendment referred to above.
known to me	te the duty to disclose to the to be material to the patents gulations, §1.56	e U.S. Patent and Trademark Office all information ability of this application as defined in Title 37, Code
toreign appli identified bel	cation(s) for patent or in ow any foreign application	under Title 35, United States Code, §119 of any ventor's certificate(s) listed below and have also n(s) for patent or inventor's certificate(s) having a on which priority is claimed:
Prior Foreign Application(s)		Priority Claimed
(Number)	(Country)	(Day/Mon/Year Filed) Yes No
I hereby clair provisional pa	n the benefit under Title 3: atent application(s) listed be	5, United States Code, §119(e) of the United States low:
(Application	Serial No.) (Fil	ing Date)
application(s)	listed below and, insofar	United States Code, §120 of any United States as the subject matter of each of the claims of this Inited States application in the manner provided by

the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status)

POWER OF ATTORNEY: As a named inventor I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith:

 Brian T. Rivers
 41,270

 Steven Shaw
 39,368

 Milan Patel
 41,242

 Thomas R. Weber
 41,547

 Wayne DeMello
 48,601

And all attorneys associated with Customer No.: 29,683

SEND CORRESPONDENCE TO:

Customer No. 29,683

DIRECT TELEPHONE CALLS TO:

Harry F. Smith

Telephone: Facsimile:

(203) 925-9400

: (203) 944-0245

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME

LAST NAME

FIRST NAME

MIDDLE NAME

OF INVENTOR:

Kalajo

Sami

RESIDENCE &

CITY & STATE OR COUNTRY

CITIZENSHIP

CITIZENSHIP:

Helsinki, Finland

Finland

POST OFFICE ADDRESS: Lokkalantie 16 B 49, 00330 Helsinki, Finland

Signature 5

win

Date December 1614 2003

FULL NAME LAST NAME FIRST NAME MIDDLE NAME OF INVENTOR: Jarvinen Esko RESIDENCE & CITY & STATE OR COUNTRY **CITIZENSHIP** CITIZENSHIP: Espoo, Finland Finland POST OFFICE ADDRESS: Hannusjarvenmaki 6 D, 02360 Espoo, Finland December 16th 2003 **FULL NAME** LAST NAME FIRST NAME MIDDLE NAME OF INVENTOR: Vintola Ville **RESIDENCE &** CITY & STATE OR COUNTRY CITIZENSHIP CITIZENSHIP: Espoo, Finland Finland POST OFFICE ADDRESS: Latvatie 2 K, 02710 Espoo, Finland Signature Date December 16+4 2003 **FULL NAME** LAST NAME **FIRST NAME** MIDDLE NAME OF INVENTOR: Tamborino Frank Anthony RESIDENCE & CITY & STATE OR COUNTRY **CITIZENSHIP** CITIZENSHIP: Summerfield, North Carolina **United States** POST OFFICE ADDRESS: 6102 Oak Glenn Court, Summerfield, NC 27358-8421 **FULL NAME** LAST NAME FIRST NAME MIDDLE NAME OF INVENTOR: Kopp William Sheridan **RESIDENCE &** CITY & STATE OR COUNTRY **CITIZENSHIP** CITIZENSHIP: Greensboro, North Carolina **United States** POST OFFICE ADDRESS: 3914 Watauga Drive, Greensboro, NC 27410

Signature

Date 5 Jan 2004